

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	18	←	←	←	←	←
TOTAL CLAIMS	20					

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	IND.	DEP.	IND.	DEP.
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96				
97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.		←	←	←
TOTAL CLAIMS				